

**POLITICAL PARTY REPORT REGARDING FUNDS
FROM CORPORATIONS AND LABOR ORGANIZATIONS**

**FORM PTY-CORP
COVER SHEET PG 1**

| | | | | | | | |
|--|---|---|--|----------|------------|--------|------|
| The Form PTY-CORP Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00017166 | 2 Total pages filed 8 | | | | |
| 3 POLITICAL PARTY NAME | Hidalgo County Democratic Party (P) | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/06/2025 Date Hand-delivered or Date Postmarked | | | | |
| 4 STATE OR COUNTY PARTY | <input type="checkbox"/> State <input checked="" type="checkbox"/> County: _____ | | | | | | |
| 5 POLITICAL PARTY TYPE | <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: _____ (Party name) | | | | | | |
| 6 POLITICAL PARTY MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 4585 McAllen, TX 78502-4585 | | Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____ | | | | |
| 7 POLITICAL PARTY CHAIR | TITLE | FIRST | MI | NICKNAME | LAST | SUFFIX | |
| | | Richard | | | Gonzales | | |
| 8 CHAIR MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 3903 Edinburg, TX 78540 | | | | | | |
| 9 CHAIR STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 814 DEL ORO LANE Pharr, TX 78577 | | | | | | |
| 10 CHAIR PHONE | AREA CODE | PHONE NUMBER | | | EXTENSION | | |
| | (956) | 283-4669 | | | | | |
| 11 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before primary election <input type="checkbox"/> 50th day before general election | | | | | | |
| 12 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | 09/06/2024 | | | | 12/31/2024 | | |

GO TO PAGE 2

**POLITICAL PARTY REPORT:
TOTALS AND AFFIDAVIT**

**FORM PTY-CORP
COVER SHEET PG 2**

| | | |
|---|--|---|
| 13 POLITICAL PARTY NAME Hidalgo County Democratic Party (P) | | 14 Filer ID (Ethics Commission Filers) 00017166 |
| 15 TOTALS | 1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS) | \$ 0.00 |
| | 2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS | \$ 315.00 |
| | 3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0.00 |

A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Richard Gonzales

Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - PTYCORP**FORM PTY-CORP
COVER SHEET PG 3**
3 of 8

| | | |
|---|---|---|
| 17 POLITICAL PARTY NAME Hidalgo County Democratic Party (P) | | 18 Filer ID (Ethics Commission Filers) 00017166 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 2. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 3. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS | \$ 315.00 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 1/5 Rpt: 4/8 | 2 FILER NAME Hidalgo County Democratic Party (P) | 3 Filer ID (Ethics Commission Filers) 00017166 |
|--|--|--|

| | |
|-----------------------------|--|
| 4 Date 11/13/2024 | 5 Payee name Hidalgo County Democratic Party Operating Account |
|-----------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$243.00 | 7 Payee address; City; State; Zip Code POB 4585 McAllen, TX 78502 |
|----------------------------------|--|

Expenditure from corporate funds

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Remainder in account moved to cover allowable expenses taken out of operating account |
|---------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------------|
| Date 09/30/2024 | Payee name Lone Star National Bank |
|--------------------|---------------------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$3.00 | Payee address; City; State; Zip Code 600 E. Nolana Ave. McAllen, TX 78504 |
|-----------------------|---|

Expenditure from corporate funds

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Paper Statement Fee |
|-------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------------|
| Date 09/30/2024 | Payee name Lone Star National Bank |
|--------------------|---------------------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$7.50 | Payee address; City; State; Zip Code 600 E. Nolana Ave. McAllen, TX 78504 |
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Expenditure from corporate funds

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Service Charge |
|-------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 2/5 Rpt: 5/8 | 2 FILER NAME Hidalgo County Democratic Party (P) | 3 Filer ID (Ethics Commission Filers) 00017166 |
|--|--|--|

| | |
|-----------------------------|--|
| 4 Date 09/30/2024 | 5 Payee name Lone Star National Bank |
|-----------------------------|--|

| | |
|--------------------------------|--|
| 6 Amount (\$) \$7.50 | 7 Payee address; City; State; Zip Code 600 E. Nolana Ave. McAllen, TX 78504 |
|--------------------------------|--|

Expenditure from corporate funds

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Balance Fee in Service Charge |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------------|
| Date 10/31/2024 | Payee name Lone Star National Bank |
|--------------------|---------------------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$3.00 | Payee address; City; State; Zip Code 600 E. Nolana Ave. McAllen, TX 78504 |
|-----------------------|---|

Expenditure from corporate funds

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Paper Statement Fee |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------------|
| Date 10/31/2024 | Payee name Lone Star National Bank |
|--------------------|---------------------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$7.50 | Payee address; City; State; Zip Code 600 E. Nolana Ave. McAllen, TX 78504 |
|-----------------------|---|

Expenditure from corporate funds

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Service Charge |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 3/5 Rpt: 6/8 | 2 FILER NAME Hidalgo County Democratic Party (P) | 3 Filer ID (Ethics Commission Filers) 00017166 |
|--|--|--|

| | |
|-----------------------------|--|
| 4 Date 10/31/2024 | 5 Payee name Lone Star National Bank |
|-----------------------------|--|

| | |
|--------------------------------|--|
| 6 Amount (\$) \$7.50 | 7 Payee address; City; State; Zip Code 600 E. Nolana Ave. McAllen, TX 78504 |
|--------------------------------|--|

Expenditure from corporate funds

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Balance Fee in Service Charge |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------------|
| Date 11/29/2024 | Payee name Lone Star National Bank |
|--------------------|---------------------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$3.00 | Payee address; City; State; Zip Code 600 E. Nolana Ave. McAllen, TX 78504 |
|-----------------------|---|

Expenditure from corporate funds

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Paper Statement Fee |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------------|
| Date 11/29/2024 | Payee name Lone Star National Bank |
|--------------------|---------------------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$7.50 | Payee address; City; State; Zip Code 600 E. Nolana Ave. McAllen, TX 78504 |
|-----------------------|---|

Expenditure from corporate funds

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Service Charge |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 4/5 Rpt: 7/8 | 2 FILER NAME Hidalgo County Democratic Party (P) | 3 Filer ID (Ethics Commission Filers) 00017166 |
|--|--|--|

| | |
|-----------------------------|--|
| 4 Date 11/29/2024 | 5 Payee name Lone Star National Bank |
|-----------------------------|--|

| | |
|--------------------------------|--|
| 6 Amount (\$) \$7.50 | 7 Payee address; City; State; Zip Code 600 E. Nolana Ave. McAllen, TX 78504 |
|--------------------------------|--|

Expenditure from corporate funds

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Balance Fee in Service Charge |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------------|
| Date 12/31/2024 | Payee name Lone Star National Bank |
|--------------------|---------------------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$3.00 | Payee address; City; State; Zip Code 600 E. Nolana Ave. McAllen, TX 78504 |
|-----------------------|---|

Expenditure from corporate funds

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Paper Statement Fee |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------------|
| Date 12/31/2024 | Payee name Lone Star National Bank |
|--------------------|---------------------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$7.50 | Payee address; City; State; Zip Code 600 E. Nolana Ave. McAllen, TX 78504 |
|-----------------------|---|

Expenditure from corporate funds

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Service Charge |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|-------------|
| 1 Total pages Schedule F1: Sch: 5/5 Rpt: 8/8 | 2 FILER NAME Hidalgo County Democratic Party (P) | 3 Filer ID (Ethics Commission Filers) 00017166 | |
| 4 Date 12/31/2024 | 5 Payee name Lone Star National Bank | | |
| 6 Amount (\$) \$7.50 <input checked="" type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 600 E. Nolana Ave. McAllen, TX 78504 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Balance Fee in Service Charge | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |